

0175735

3129

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-013717		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE		
D E F E N D A N T	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator 1		
	Location of Arrest (Including Name of Business) 1401 S FEDERAL HWY				Location of Offense (Business Name, Address) 1401 S FEDERAL HWY 204, BOCA RATON, FL 33432							
	Date of Arrest 09/19/2016	Time of Arrest 19:10	Booking Date 09/19/2016	Booking Time 19:20	Jail Date 09/19/2016	Jail Time 00:00	Location of Vehicle NA					
	Name (Last, First, Middle) SHANAHAN, JOHN V III											
J U V E N I L E	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____											
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 04/18/1967	Height 5'11	Weight 180	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT L ARM / CELTIC BAND; TATT R SHOULDER / "JETS"						Marital Status S	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1401 N FEDERAL HWY 204, BOCA RATON, FL 33432						Phone (561) 271-4093		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1401 N FEDERAL HWY 204, BOCA RATON, FL 33432						Phone (561) 271-4093		Address Source FL DL			
	Business Address (Name, Street) (City) (State) (Zip) EAGLE AUTOPARTS, 1005 N CONGRESS AVE, DELRAY BEACH						Phone (561) -		Occupation Bus Driver			
	D/L Number, State SS50478671381 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) HUNTINGTON, NY,		Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	C O D E D E F E N D A N T	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) _____ <input type="checkbox"/> Legal Custodian _____ Address (Street, Apt. Number) (City) (State) (Zip) _____ Business Phone _____ Notified by: (Name) _____ Date _____ Time _____ Released To: (Name) _____ Relationship _____ Date _____ Time _____ The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ School Attended _____ Grade _____ Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property _____ Value of Property _____										
Drug Activity N. N/A S. Sell B. Buy R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other P. Possess T. Traffic D. Deliver E. Use Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other												
Charge Description BATTERY (DATING VIOLENCE)						Statute Violation Number 784.03(1A1)		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
		N	/	2016-013717	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
						<input type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
					<input type="checkbox"/> Y <input type="checkbox"/> N							
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By RADFORD		Released By RADFORD		Released To PBCJ	
	Transported By RADFORD						Date Transported 09/19/2016		Time Transported 00:00		Other	
	INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time		No Photo Available	
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed			
	HOLD for Other Agency						Signature of Arresting Officer RADFORD, STEPHEN T.		Name Verification (Printed by Arrestee) (PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) RADFORD, STEPHEN T.		I.D. # 771		PAGE 1 OF 1	
	Intake Agency		I.D. #		Pouch #		Transporting Officer RADFORD		I.D. # 771		Agency BOCA	
	Witness here if subject signed with an "X".											

SCANNED
SEP 20 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 09/19/2016 18:48		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-013717	
	Name (Last, First, Middle) SHANAHAN, JOHN V III						Race W	Sex M
CHRG	Charge Description 784.03(1A1) BATTERY (DATING VIOLENCE)							
	Victim Name (Last, First, Middle) [REDACTED]						Race	Sex
VICTIM	Address Source SELF						Occupation	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): GOOD - BRUISING					
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT GIRLFRIEND/BOYF							
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	Victim: <input checked="" type="checkbox"/> <input type="checkbox"/>							
	911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/>		CALLER: VICTIM					
	WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/>		TYPE: HANDS					
	WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/>		(If YES, attach witness list)					
	INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/>							
	MEDICAL TREATMENT: <input checked="" type="checkbox"/> <input type="checkbox"/>							
	AT: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/>		PARAMEDICS: BOCA RATON FIRE RESCUE					
	Hospital: <input checked="" type="checkbox"/> <input type="checkbox"/>		PHYSICIAN(S) / HOSPITAL: BOCA REGIONAL HOSPITAL					
ADDITIONAL INFORMATION	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/>		NAMES/AGES:					
	H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/>							
	VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>							
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/>		CASE #:					
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/>							
ADDITIONAL INFORMATION	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>							
	<p>On September 19, 2016 at 1730 hours, I was dispatched to [REDACTED] in reference to a domestic disturbance. It should be noted that upon my arrival, multiple officers and Fire Rescue personnel were already on scene treating the victim, W/F [REDACTED]. The male half, W/M John Shanahan, was standing with Ofc. Robert on the front door balcony area. I subsequently made contact with Ofc.</p>							
ADDITIONAL INFORMATION	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>Radford (771)</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>19</u> day of <u>September</u>, <u>2016</u>.</p> <p>MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)</p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED
SEP 20 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 09/19/2016 18:48		
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2016-013717

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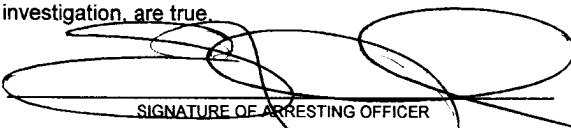
C. Desir (ID 712), whom advised me that Ofc. Gualtieri (ID 512) arrived first on scene and discovered the suspect, W/M John Shanahan, outside of Unit [REDACTED] banging on the door. Ofc. Desir stated that after [REDACTED] called 911 reporting that she had been "smacked" a few times, Shanahan left the apartment, returning a short time later, wherein Ofc. Gualtieri first made contact with him. Ofc. Desir stated that [REDACTED] told him that they had been in the residence and were arguing for unknown reasons when Shanahan hit her multiple times across the left side of her face. Upon inspection of [REDACTED] face, I could see that there was slight bruising beneath the left eye, and there was a small amount of pooled blood in the left eye area that appeared fresh. [REDACTED] was subsequently transported to Boca Raton Regional Hospital for further evaluation and treatment. [REDACTED] was issued a domestic violence pamphlet and filled out a written statement, which was subsequently submitted into evidence at the Boca Raton Police Department. Pictures were also taken of [REDACTED] face, which were submitted into evidence.

I then made contact with Shanahan and asked him to explain to me what had happened. Shanahan stated that [REDACTED] was drunk and crazy, but at no time did he ever touch her. I asked Shanahan how [REDACTED] received the marks on her face and he stated that she likely fell since she had been drinking. He stated he does not know why [REDACTED] would accuse him of hitting her and that she was likely just trying to get him in trouble. It should be noted that while speaking with Shanahan, there was a strong odor of an unknown alcoholic beverage on his breath, he had slurred speech, blood shot eyes, and was unsteady on his feet. Shanahan stated he had had several drinks of vodka.

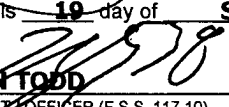
Based upon the totality of the circumstances and the veracity of [REDACTED] account of events, coupled with injuries consistent with being struck in the face, I believe there is probable cause to charge John Shanahan with Battery (Dating Violence) in accordance with F.S. 784.03(1a1). Shanahan was transported to the Boca Raton Police Department for processing and turned over to the Palm Beach County Jail for further disposition.

STATE OF FLORIDA
COUNTY OF PALM BEACH *Redford (771)*

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of September, 2016.


MORAN, JOHN TODD
NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED
SEP 20 2016

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:


- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 2016-013717 Agency: Boca Raton
Offense: Battery (Dating Violence)
Suspect/Offender: John Shanchen
D.O.B. 9/18/67 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's  : F
Address: _____
City: _____
Home#: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- ☐ Waiver: I choose not to be notified when the arrestee is released from custody.
- ☐ Confidential: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
- Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

SCANNED

SEP 20 2016

Printed name of person waiving notification: _____

Officer's Name: Radford I.D.# 771 Date: 9/19/16

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____